

Organization: _____

City: _____

Attn.: _____

Dep.: _____

Date : _____

Optic Brand: _____

Type no: _____

Serial no: _____

Optic category : arthroscope _____°
 cystoscope _____°
 laparoscope _____°
 _____°

Inspection of the outside of the optic:

Eyecup:	A	<input type="checkbox"/> good	<input type="checkbox"/> acceptable	<input type="checkbox"/> replace
Glass eyecup:	B	<input type="checkbox"/> good	<input type="checkbox"/> acceptable	<input type="checkbox"/> replace
Shaft	C	<input type="checkbox"/> good <input type="checkbox"/> bent, repairable	<input type="checkbox"/> small dents <input type="checkbox"/> bent, beyond repair	<input type="checkbox"/> severely dented <input type="checkbox"/> replace
Dystal tip	D	<input type="checkbox"/> undamaged	<input type="checkbox"/> impact damage	<input type="checkbox"/> lightly damaged <input type="checkbox"/> severely damaged

Depth of view: (DOV)	<input type="checkbox"/> _____°	<input type="checkbox"/> unmeasurable
Field of view: (FOV)	<input type="checkbox"/> _____°	<input type="checkbox"/> unmeasurable
Connector present E	<input type="checkbox"/> yes	<input type="checkbox"/> no
Connector present F	<input type="checkbox"/> yes	<input type="checkbox"/> no

Inspection of the inside condition:

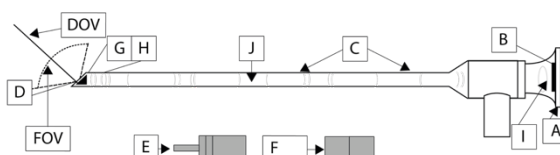
Light fiber transmission	<input type="checkbox"/> good <input type="checkbox"/> yellow	<input type="checkbox"/> acceptable <input type="checkbox"/> mediocre <input type="checkbox"/> bad	<input type="checkbox"/> replace glass cone <input type="checkbox"/> ___%damaged	<input type="checkbox"/> burnt fiber tip <input type="checkbox"/> replace fibers <input type="checkbox"/> replace connector
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Optic:

Image quality	<input type="checkbox"/> good <input type="checkbox"/> black <input type="checkbox"/> yellow	<input type="checkbox"/> moisture <input type="checkbox"/> particles <input type="checkbox"/> hazy	<input type="checkbox"/> half moon <input type="checkbox"/> loose parts
Lens G/H	<input type="checkbox"/> good <input type="checkbox"/> repair <input type="checkbox"/> moisture	<input type="checkbox"/> clean <input type="checkbox"/> replace	<input type="checkbox"/> damaged <input type="checkbox"/> replace sapphire window
Eyepiece I	<input type="checkbox"/> good	<input type="checkbox"/> clean <input type="checkbox"/> repair	<input type="checkbox"/> replace

Lenses:

Discoloration J	<input type="checkbox"/> none	<input type="checkbox"/> light <input type="checkbox"/> severe	<input type="checkbox"/> mediocre
Defective lenses J	<input type="checkbox"/> none	<input type="checkbox"/> replace ___	



Repair category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2a <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> special <input type="checkbox"/> reject
Cost:	
Extra lenses/Achromats/Sapphires Windows at Cat. 2a-3-4 <2 costs extra lenses	Lenses/Achromats <input type="checkbox"/> Quantity: __ = _____ Sapphire windows <input type="checkbox"/> Quantity: __ = _____ Light cone <input type="checkbox"/> Quantity: __ = _____
Total cost of repair:	
Cost of inspection:	

Inspection report filled in by:	
Date:	

Repair order:	<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed
Name/Signature/Date:	
Order number:	

Under normal circumstances the repair will be carried out within 2 weeks of receiving the signed inspection report.

Deviating delivery time:

Reason:	
New delivery time:	

PLEASE EMAIL THE REPAIR ORDER TO YOUR SUPPLIER

